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PTO/SB/81 (11-04)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	PCT/EP2003/050349
Filing Date	July 29, 2003
First Named Inventor	Meis, et al.
Title	Computer Network With Diagnosis Computer Nodes
Art Unit	
Examiner Name	
Attorney Docket Number	GOTZF 145

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

002555

OR

☐ Practitioner(s) named below:

Name	Registration Number
Frank H. Foster	24,560
Francis T. Kremblas, Jr.	22,773
Jason H. Foster	39,981
Patrick P. Phillips	29,690

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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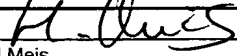
<input type="checkbox"/> Firm or Individual Name	Frank H. Foster				
Address	Krembla, Foster, Phillips & Pollick 7632 Slate Ridge Blvd.				
City	Reynoldsburg	State	Ohio	Zip	43068
Country	USA				
Telephone	614/575-2100	Fax	614/575-2149		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	19/08/2005
Name	Harold Meis	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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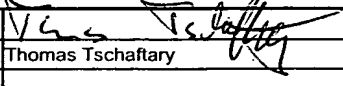
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/08/2005
Name	Thomas Tschaftary	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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